

School Health Policies and Programs Study

The School Health Policies and Programs Study (SHPPS) is a national survey periodically conducted to assess school health policies and programs at the state, district, school, and classroom levels.

SHPPS is used to

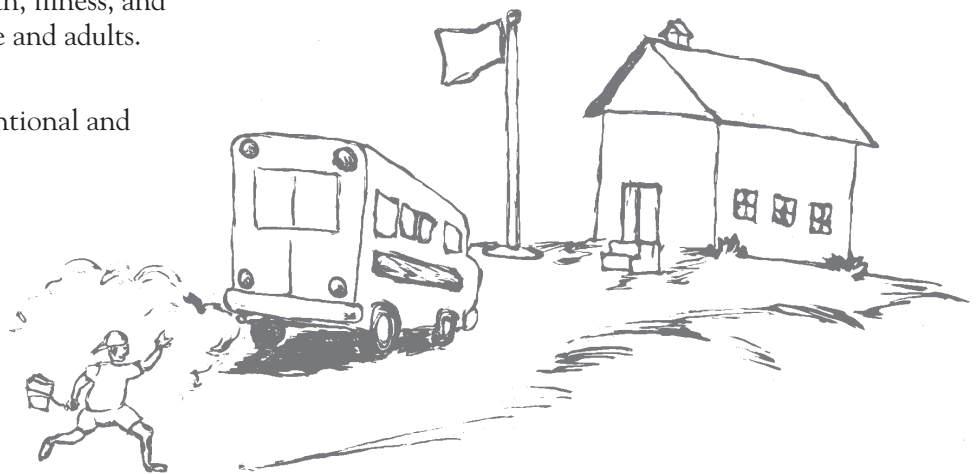
- ◆ Monitor the status of the nation's school health policies and programs.
- ◆ Describe the training, experience, and responsibilities of the personnel who deliver each component of the school health program.
- ◆ Describe coordination among components of school health programs.
- ◆ Describe relationships between state and district policies and school health programs and practices.
- ◆ Identify factors that facilitate or impede delivery of effective school health programs.

SHPPS provides information about the extent to which school health policies and programs are addressing the leading causes of death, illness, and social problems among young people and adults. These causes are

- ◆ Behaviors contributing to unintentional and intentional injury.
- ◆ Tobacco use.
- ◆ Alcohol and other drug use.
- ◆ Sexual behaviors.
- ◆ Unhealthy dietary behaviors.
- ◆ Physical inactivity.

SHPPS was first conducted in 1994. It assessed the following components of school health programs: health education, health services, physical education, food service, and health policies. This assessment was designed to be an integral part of four interrelated strategies implemented by the Centers for Disease Control and Prevention to help schools improve their school health programs. These strategies are

- ◆ Identifying and monitoring critical health events and school interventions designed to influence those events.
- ◆ Synthesizing and applying research to increase the effectiveness of interventions.
- ◆ Enabling constituencies to plan and implement interventions.
- ◆ Evaluating the impact of interventions over time.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention



Data Collection

State Level—A mail survey with mail and telephone follow-up was used to survey state education agencies in all 50 states and the District of Columbia. The survey assessed organizational structure, program requirements, relevant policies, professional preparation, and coordination among components of the school health program.

District Level—A nationally representative sample of public and private school districts serving students in grades K–12 was surveyed by mail with mail and telephone follow-up. The survey assessed organizational structure, program requirements, relevant policies, professional preparation, and coordination among components of the school health program.

School Level—A nationally representative sample of public and private middle or junior high schools and senior high schools was surveyed through on-site structured interviews with principals, teachers, nurses, food service directors, and counselors. The survey assessed the implementation of each component area.

Classroom Level—Randomly selected health education and physical education teachers in participating schools were surveyed using on-site structured interviews. The survey addressed topics taught; teaching methods and activities; type of assessment used; and the teachers' professional preparation, training, and experience.

Results From SHPPS 1994

SHPPS Response Rates by Survey Level

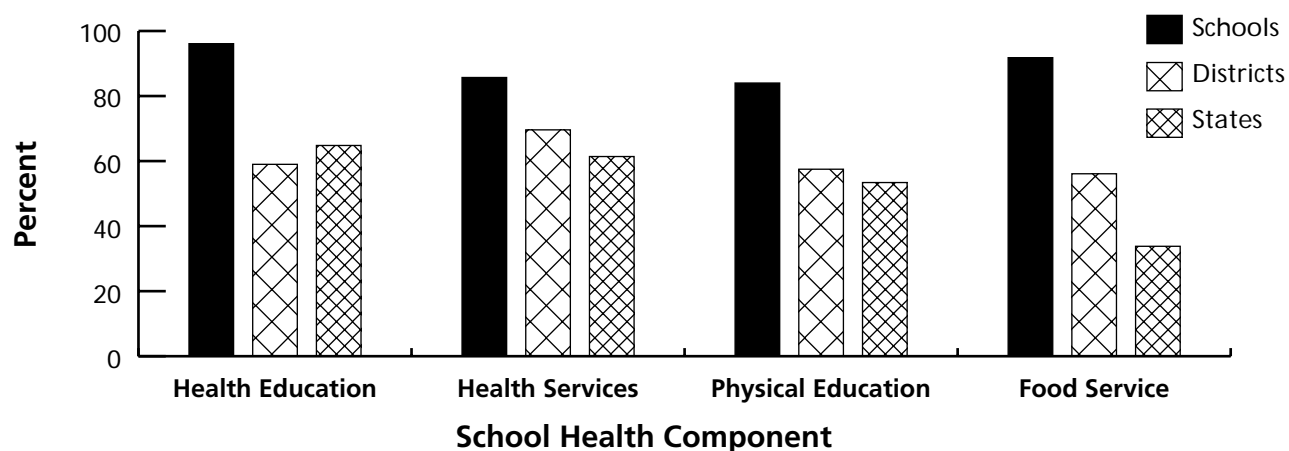
Level	No. Sampled	No. Participating	Response Rate (%)
State*	51	51	100
District	502	413	82
School	766	607	79
Classroom			
Health education	1,643	1,040	63
Physical education	1,314	921	70

* Includes the District of Columbia.

Percentage of States and Districts With School Health Coordinators

School Health Component	States With Coordinators (%)	Districts With Coordinators (%)
Health education	100	55
Health services	76	74
Physical education	77	51
Food service	100	92

Percentage of Educators and Service Providers Involved in Collaborative Activities at the State, District, and School Levels



Results From SHPPS 1994

Health Education

Percentage of States and Districts Requiring That Each Health Education Topic Be Taught and Percentage of Schools Including Each Topic

Topic	States	Districts	Schools
	<u>%</u>	<u>%</u>	<u>%</u>
Alcohol and other drug use prevention	75	86	90
Violence prevention	39	61	58
Dietary behaviors and nutrition	69	80	84
HIV prevention	79	83	86
Human sexuality	49	76	80
Physical activity and fitness	65	82	78
Pregnancy prevention	44	72	69
Suicide prevention	38	67	58
Tobacco use prevention	72	83	86

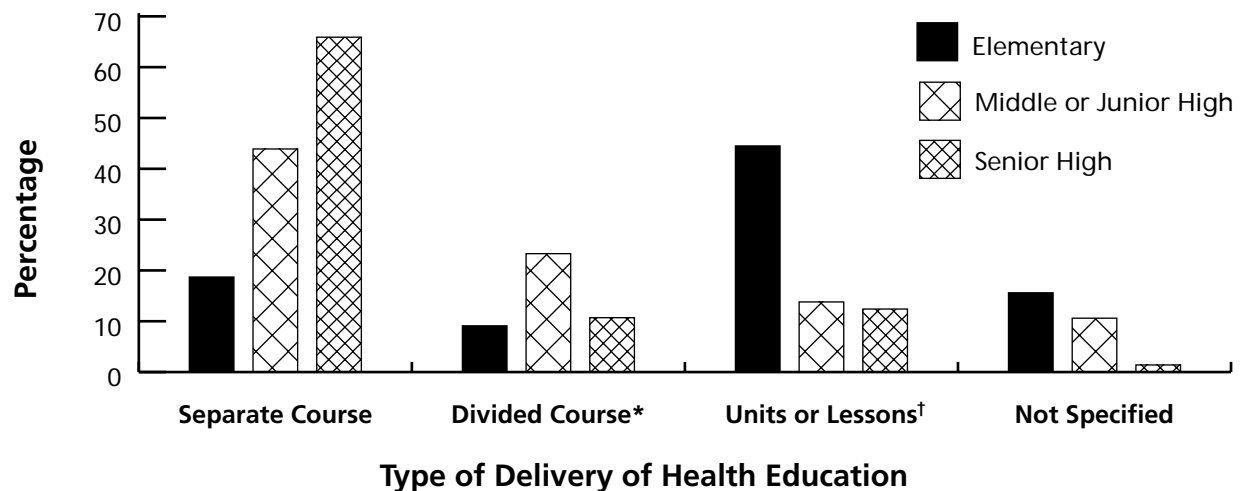
Percentage of Health Education Teachers in Health Education Classes* and in Other Subjects† Who Teach and Have Students Practice Risk-Reduction Skills

Skill	Health Education Classes		Other Subjects	
	Teach	Practice	Teach	Practice
	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
Communication	87	63	72	54
Decision-making	90	77	82	60
Goal-setting	80	59	72	45
Conflict resolution	73	44	65	34
Resisting social pressure	90	61	74	40
Stress management	82	52	60	27

* Teachers of courses that focus primarily on health education topics.

† Teachers of courses that include health education content but focus primarily on another subject.

Percentage of Districts Specifying How Health Education Must Be Offered, by Type of Delivery and Grade Level



* Course divided between health education and one other subject, such as physical education.

† Health education units or lessons integrated into other subjects.

Results From SHPPS 1994

Food Service

Percentage of Middle or Junior High Schools and Senior High Schools Reporting Specific Meal Preparation Techniques				
Technique	Almost Always	Some-times	Rarely or Never	Don't Know
	%	%	%	%
Use skim or low-fat cheese	48	32	18	2
Reduce salt	83	13	2	3
Use vegetable oils	70	23	4	3
Use beans instead of meat	22	41	32	5
Remove skin from poultry	31	23	36	11
Steam or bake vegetables	71	12	10	7
Use fresh vegetables	41	40	17	3

Percentage of Districts* Reporting Meal Preparation Techniques to Help Students Achieve Dietary Guidelines	
Technique	%
Limit sodium	84
Limit sugar	76
Increase number of servings of fruit	68
Increase number of servings of vegetables	61
Increase number of servings of wholegrain products	59
Limit calories from saturated fat	58
Limit calories from fat to 30%–35%	50
Limit dietary cholesterol	41
* Among districts responsible for meal preparation.	

Health Services

Percentage of Middle or Junior High Schools and Senior High Schools Providing Student Services		
Service	Middle or Junior High	Senior High
	%	%
In or through the school		
Alcohol and drug rehabilitation	39	48
Condom availability	5	8
Counseling	84	89
Weight management	37	38
Pregnancy prevention	29	38
Diagnosis and treatment of sexually transmitted diseases	16	20
Suicide prevention	42	52
Tobacco cessation	23	35
In school		
Infant care for teenaged mothers	3	8
Vocational rehabilitation	6	19
Youth development services	23	40

Results From SHPPS 1994

Health Policies

Although most schools have a written policy prohibiting tobacco use, only about half of all schools have a tobacco-use policy that creates a smoke-free environment by prohibiting both students and staff from using tobacco at all times in the school building and on school grounds. Nearly 80% of schools define a drug-free school zone around school grounds, and 39% of schools define a weapon-free school zone around school grounds.

Percentage of States Requiring Health Policies, and Percentage of Districts and Schools With Written Health Policies

Policy	States	Districts	Schools
	<u>%</u>	<u>%</u>	<u>%</u>
Tobacco use	64	98	97
Alcohol and other drug use	90	97	97
Violence	40	91	91

Percentage of States Recommending and Districts Having Written HIV Infection Policies

Policy	States	Districts
	<u>%</u>	<u>%</u>
HIV-infected students can attend school*	NA	72
HIV-infected staff can work*	NA	64
Confidentiality of HIV-infected persons must be protected	90	70
Routine testing for HIV is inappropriate	33	15

* If health permits.
NA = Data not available.

Physical Education

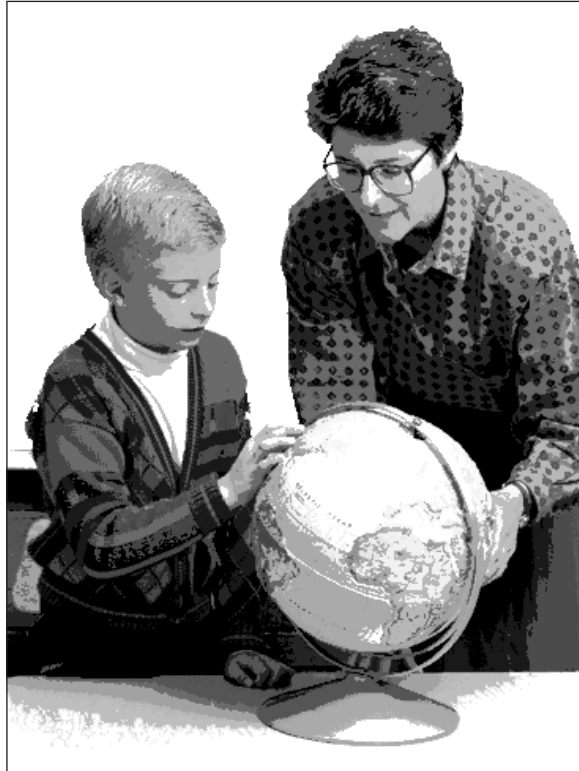
Percentage of Districts With Written Goals, Objectives, or Outcomes for Physical Education (PE), by Grade Level

Goal, Objective, or Outcome	Elementary	Middle or Junior High	Senior High
	<u>%</u>	<u>%</u>	<u>%</u>
Fitness levels	61	70	62
Knowledge of PE	66	73	71
Participation in PE	68	76	72
Positive attitude toward PE	66	73	69
Skill in PE	66	76	72

SHPPS 2000

When SHPPS is conducted for the second time, in 2000, information will be collected at the state, district, school, and classroom levels on all eight components of a school health program: health education; physical education; health services; food service; psychosocial and biophysical environment;

mental health services; health programs for faculty and staff; and integrated efforts of schools, families, and communities. Data from SHPPS 2000 will be used to assess progress in improving the nation's school health policies and programs.



The school is a setting in which many people live, learn, and work. It is a place where students and staff spend a great portion of their time. It is a place where education and health programmes can have their greatest impact because they reach students at influential stages in their lives—childhood and adolescence.

*The World Health Organization's
Global School Health Initiative, 1997*

For More Information

For additional information on SHPPS, contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, 4770 Buford Highway, NE, Mail Stop K-33, Atlanta, GA 30341-3717; telephone (770) 488-3257.